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Bib Data Sheet

CONFIRMATION NO. 6771

<b>SERIAL NUMBER</b> 09/190,536	<b>FILING DATE</b> 11/12/1998 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> B653-024	
<b>APPLICANTS</b> JOHN J. DWYER, STRATFORD, CT; DAVID K. GODIN, WILTON, CT; STEPHEN ROTHSCHILD, RIDGEFIELD, CT; JOHN J. PAWLOWSKI, SHELTON, CT;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/066,748 11/21/1997					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/03/1998</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Examiner's Signature</i> <i>G.G.</i> Acknowledged Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 22930					
<b>TITLE</b> INTELLIGENT ROUTING OF VOICE FILES IN VOICE DATA MANAGEMENT SYSTEM					
<b>FILING FEE RECEIVED</b> 1790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/190,536	11/12/98	379	2742	B653-024

APPLICANT JOHN J. DWYER, STRATFORD, CT; DAVID K. GODIN, WILTON, CT; STEPHEN ROTHSCHILD, RIDGEFIELD, CT; JOHN J. PAWLOWSKI, SHELTON, CT.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/066,748 11/21/97

G.G.

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

NONE

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

NONE

FOREIGN FILING LICENSE GRANTED 12/03/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>G.G.</u> Examiner's Initials	Initials	CT	10	43	6

ADDRESS	<del>ROBIN BLECKER &amp; DALEY,</del> <del>330 MADISON AVENUE</del> NEW YORK NY <del>10017-5001</del> <u>10166</u> NATHANIEL LEVIN WHITMAN BREED ABBOTT & MORGAN, LLP 200 PARK AVENUE
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TITLE	INTELLIGENT ROUTING OF VOICE FILES IN VOICE DATA MANAGEMENT SYSTEM
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,538		